## Case 09-35975 Document 15 Filed in TXSB on 08/31/09 Page 1 of 7

B22C (Official Form 22C) (Chapter 13) (01/08)

In re PORCH_ DENISE  Debtor(s)	According to the calculations required by this statement:  The applicable commitment period is 3 years.  The applicable commitment period is 5 years.
Case number: 09-35975	
(If known)	☐ Disposable income is determined under § 1325(b)(3).
,	☑ Disposable income is not determined under § 1325(b)(3).
	(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

the difference in the appropriate column(s) of Line 3. If you operate more than one business, proferm, enter aggregate numbers and provide details on an attachment. Do not enter a number less	Income") for lines 2-10 x calendar If the amount enter the  from Line a and enter ofession or ss than zero.	Column A Debtor's Income	Column B Spouse's Income		
months prior to filing the bankruptcy case, ending on the last day of the month before the filing. of monthly income varied during the six months, you must divide the six month total by six, and result on the appropriate line.  Gross wages, salary, tips, bonuses, overtime, commissions.  Income from the operation of a business, profession, or farm. Subtract Line be the difference in the appropriate column(s) of Line 3. If you operate more than one business, proferm, enter aggregate numbers and provide details on an attachment. Do not enter a number less Do not include any part of the business expenses entered on Line b as a deduction in F	If the amount enter the  from Line a and enter of ession or ess than zero.	Debtor's Income	Spouse's Income		
Income from the operation of a business, profession, or farm.  Subtract Line be the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession, enter aggregate numbers and provide details on an attachment. Do not enter a number less to not include any part of the business expenses entered on Line b as a deduction in F	ofession or ss than zero.	\$2,541.00	\$		
the difference in the appropriate column(s) of Line 3. If you operate more than one business, professional farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less to not include any part of the business expenses entered on Line b as a deduction in F	ofession or ss than zero.				
a. Gross receipts \$0.00	the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.  Do not include any part of the business expenses entered on Line b as a deduction in Part IV.				
b. Ordinary and necessary business expenses \$0.00					
c. Business income Subtract Line b from Lin	ne a	\$0.00	\$		
Rent and other real property income. Subtract Line b from Line a and enter the different in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not inclupart of the operating expenses entered on Line b as a deduction in Part IV.  a. Gross receipts \$0.00					
b. Ordinary and necessary operating expenses \$0.00					
c. Rent and other real property income Subtract Line b fro	m Line a	\$0.00	\$		
5 Interest, dividends, and royalties.		\$0.00	\$		
6 Pension and retirement income.		\$0.00	\$		
Any amounts paid by another person or entity, on a regular basis, for the household expenses the debtor or the debtor's dependents, including child support paid for that properties to not include alimony or separate maintenance payments or amounts paid by the debtor's spo	•	\$0.00	\$		
Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the Social Security Act  Debtor \$0.00  Spous	\$0.00	\$			

B22C	(Official Form 22C) (Chapter 13) (01/08) - Cont.				2	1
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance.  Do not include any benefits received under the Social Security Act or payments received as a victim of a against humanity, or as a victim of international or domestic terrorism.					
	a. Food Stamps \$180.00					
				\$180.00	\$	
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).			\$2,721.00	\$	
11	Total. If column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.			\$	2,721.00	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD							
12	Enter the amount from Line 11.		\$2,721.00				
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.						
	a.	\$0.00					
	b.	\$0.00					
	C.	\$0.00					
	<u> </u>	<u> </u>	\$0.00				
14	Subtract Line 13 from Line 12 and enter the result.		\$2,721.00				
15	Annualized current monthly income for § 1325(b)(4).  Multiply the amount from Line 14 by the number 12 and enter the result.						
16	•••	ov/ust/ or from the clerk of the b. Enter debtor's household size:	\$54,908.00				
	Application of § 1325(b)(4). Check the applicable box and proc	eed as directed.	-				
17	☑ The amount on Line 15 is less than the amount on Line 16. period is 3 years" at the top of page 1 of this statement and continue	Check the box for "The applicable commitment with this statement.					
	☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.						

	Part III. APPLICATION O	OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INC	OME
18	Enter the amount from Line 11.		\$2,721.00
19	income listed in Line 10, Column B that was the debtor's dependents. Specify in the line the spouse's tax liability or the spouse's su	but are not filing jointly with your spouse, enter on Line 19 the total of any is NOT paid on a regular basis for the household expenses of the debtor or is below the basis for excluding the Column B income (such as payment of poport of persons other than the debtor or the debtor's dependents) and pose. If necessary, list additional adjustments on a separate page. If the not apply, enter zero.  \$0.00  \$0.00	
		V	
	C.	\$0.00	\$0.00
20 Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.			\$2,721.00
21	Annualized current monthly income for the number 12 and enter the result.	§ 1325(b)(3). Multiply the amount from Line 20 by	\$32,652.00

22		er the amount from	n Lina	2.16			\$54,908.00
	Application of § 1325(b)(3). Check the app						φυ4,900.00
23	The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.						
	The amount on Line 21 is not more than a determined under § 1325(b)(3)" at the top of Do not complete Parts IV, V, or VI.				•		
	Part IV. CALCULATION	ON OF DED	UC'	TIONS ALLOWED	FROM IN	COME	
	Subpart A: Deductions	under Standa	ards	s of the Internal Rev	enue Servic	e (IRS)	
24A	National Standards: food, apparel and serv Enter in Line 24A the "Total" amount from IRS household size. (This information is available at	National Standard	ds for		for the applica	ble	\$
24B	National Standards: health care. Enter in L Health Care for persons under 65 years of age, Care for persons 65 years of age or older. (This the bankruptcy court.) Enter in Line b1 the numenter in Line b2 the number of members of you household members must be the same as the ramount for household members under 65, and amount for household members 65 and older, a health care amount, and enter the result in Line	, and in Line a2 the sinformation is a laber of members or household who anumber stated in enter the result in and enter the resu	ne IRS vailab of you are 6: Line	S National Standards for Oulle at <a href="www.usdoj.gov/u">www.usdoj.gov/u</a> ur household who are under 5 years of age or older. (The 16b.) Multiply Line a1 by Line c1. Multiply Line a2 by Line	of-Pocket He of from the cle 65 years of ag total number to b1 to obtain to b2 to obtain a	alth rk of e, and of a total total	
	Household members under 65 years of ag	је	Но	ousehold members 65 year	rs of age or o	lder	
	a1. Allowance per member		a2.	Allowance per member			
	b1. Number of members		b2.	Number of members			
	c1. Subtotal		c2.	Subtotal			\$
25A	Local Standards: housing and utilities; non-mortgage expenses.  Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).					\$	
25B	Local Standards: housing and utilities; mortgage/rent expense.  Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.						
200	a. IRS Housing and Utilities Standards; mo	ortgage/rent Expe	nse		\$		]
	b. Average Monthly Payment for any debts home, if any, as stated in Line 47	secured by your			\$		
	c. Net mortgage/rental expense					b from Line a.	\$
26	Local Standards: housing and utilities; adju Lines 25A and 25B does not accurately comput Housing and Utilities Standards, enter any addit state the basis for your contention in the space	te the allowance t itional amount to v	o whi		e IRS		
	Land Oran Land Co.			a contact and			\$
27A	Local Standards: transportation; vehicle or You are entitled to an expense allowance in this operating a vehicle and regardless of whether y Check the number of vehicles for which you pay are included as a contribution to your household	s category regardl ou use public tran y the operating ex	ess c nspor opens	of whether you pay the exper tation.	g expenses		
	If you checked 0, enter on Line 27A the "Public you checked 1 or 2 or more, enter on Line 27A Transportation for the applicable number of veh Region. (These amounts are available at <a application<="" conicles="" href="https://www.www.users.com/www.ww.ww.ww.ww.ww.ww.ww.ww.ww.ww.ww.ww&lt;/td&gt;&lt;td&gt;the " in="" operating="" td="" the=""><td>osts" cable</td><td>amount from IRS Local Sta Metropolitan Statistical Area</td><td>ndards: a or Census</td><td>on. If</td><td>\$</td></a>	osts" cable	amount from IRS Local Sta Metropolitan Statistical Area	ndards: a or Census	on. If	\$	

B22C (Official Form 22C) (Chapter 13) (01/08) - Cont.

27B	Local Standards: transportation; additional public transportation expense.  If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)    I	\$			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.    a.   IRS Transportation Standards, Ownership Costs   \$   b.   Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47   \$   c.   Net ownership/lease expense for Vehicle 2   Subtract Line b from Line a.				
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes.  Do not include real estate or sales taxes.				
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs.  Do not include discretionary amounts, such as voluntary 401(k) contributions.				
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life, or for any other form of insurance.  \$				
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations included in Line 49.  \$				
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$			
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B.  Do not include payments for health insurance listed or health savings accounts listed in Line 39.				
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$			
38	Total Expenses Allowed under IRS Standards Enter the total of Lines 24 through 37	\$			

		Note: D	Subpart B: Additional I o not include any expense	Living Expense Deductions that you have listed in	ns Lines 24-37	
	the cate	egories set out in lines a-c Health Insurance	surance, and Health Savings A below that are reasonably necess	sary for yourself, your spouse, or	the monthly expenses in your dependents.	
	b.	Disability Insurance		\$		
39	C.	Health Savings Account		\$		
		and enter on Line 39				\$
	space	u do not actually expende below:	d this total amount, state your ac	ctual total average monthly expen	ditures in the	
	\$ <u></u>					
40	monthly elderly,	y expenses that you will co	e care of household or family montinue to pay for the reasonable a member of your household or me  Do not include payments lis	nd necessary care and support omber of your immediate family wh		\$
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					
43	actually by your of your	vincur, not to exceed \$13° dependent children less	7.50 per child, for attendance at a than 18 years of age.  You myou must explain why the amou	ust provide your case trustee	econdary school with documentation	\$
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/usto">www.usdoj.gov/usto</a> from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.					
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. \$					\$
			Subpart C: Deducti	ions for Debt Payment		
	own, lis whethe contrac	r the payment includes ta tually due to each Secure	*	ts that is secured by an interest in debt, state the Average Monthly onthly Payment is the total of all aring the filing of the bankruptcy care.	Payment, and check mounts scheduled as ase, divided by 60. If	
4		Name of Creditor	Property Securing the Debt	Average Payment	Does payment include taxes or insurance?	
47	a.			\$	☐ Yes ☐ No	
	b.			\$	Yes No	
	C.			\$	☐ Yes ☐ No	
	d.			\$	☐ Yes ☐ No	
	e.			\$	Yes No	
				Total: Add Lines a - e		\$

	•	,, ,	, ,		
	residen you ma in addit amount	y include in your deduct ion to the payments liste t would include any sum	claims. If any of the debts listed in Line other property necessary for your support or the ion 1/60th of any amount (the "cure amount") to do in Line 47, in order to maintain possession of s in default that must be paid in order to avoid is in the following chart. If necessary, list addition	e support of your dependents, hat you must pay the creditor of the property. The cure repossession or foreclosure.	
		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
48	a.			\$	
	b.			\$	
	C.			\$	
	d.			\$	
	e.			\$	\$
Total: Add Lines a - e					
Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing.  Do not include current obligations, such as those set out in Line 33.				\$	
	•	er 13 administrative ex ne resulting administrative	. ,	the amount in Line b, and	
	a.	Projected average mor	nthly Chapter 13 plan payment.	\$	
50	b.	lissued by the Executiv	rour district as determined under schedules re Office for United States Trustees. railable at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the y court.)	x	
	C.	Average monthly admi	nistrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$
51	Total D	Deductions for Debt Pa	ayment. Enter the total of Lines 47 through	า 50.	\$
			Subpart D: Total Deduction	as from Income	·
52	Total	of all deductions from	•		\$

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)			
53				
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.			
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).			
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.			
there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57.  You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.  Nature of special circumstances  Amount of expense				
	a. \$0.00	<del> </del>		
	b. \$0.00	1		
	c. \$0.00	7		
	Total: Add Lines a, b, and c	\$0.00		
58	Total adjustments to determine disposable income.  Add the amounts on Lines 54, 55, 56, and 57 and enter the result.			
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$		

B22C (Official Form 22C) (Chapter 13) (01/08) - Cont.

60

Part VI: ADDITIONAL EXPENSE CLAIM
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**Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

Expense Description

a. \$
b. \$
c. Total: Add Lines a, b, and c

Part VII: VERIFICATION					
61	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)  Date: 8/15/2009 Signature: /s/ Denise M. Porch				
61	Date:8/15/2009 Signature: (Joint Debtor, if any )				

7